

City of Roswell, NM
RECORDS CHANGE REQUEST

PERSONAL INFORMATION:

SSN: -- Name: _____

City Empl #: Previous Name: _____

Marital Change: ☐ Single ☐ Married ☐ Divorced Effective date: _____

Place of Birth: _____

ADDRESS CHANGE

OLD ADDRESS:

Street: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: [] _____

NEW ADDRESS:

Street: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: [] _____

EMERGENCY CONTACT INFORMATION:

1. Name: _____ Phone: [] _____

Relationship: ☐ Spouse ☐ Child ☐ Fiancee ☐ Friend ☐ In-Law ☐ Parent ☐ Sibling ☐ Other

2. Name: _____ Phone: [] _____

Relationship: ☐ Spouse ☐ Child ☐ Fiancee ☐ Friend ☐ In-Law ☐ Parent ☐ Sibling ☐ Other

With these changes you may need to change the information with insurance, retirement (PERA), Deferred Comp and the IRS (W-4).

Signature

Date

HUMAN RESOURCES OFFICE USE ONLY

Entered: ☐ HTE

Date Received: _____